

US**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**
(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

5853-400

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ASSESSING NEURONAL DAMAGE FROM BLOOD SAMPLES

the specification of which (check only one item below):

 is attached hereto. was filed as U.S. Patent Application Serial Number 10/810,388 on 3/26/04. was filed as a PCT international application number _____ on _____, as amended under PCT Article 19 on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:

PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:

COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.</p>				
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:				
U.S. APPLICATIONS		STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED <input type="checkbox"/> ABANDONED <input type="checkbox"/> PENDING <input checked="" type="checkbox"/>		
60/459,286	March 31, 2003			
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS		
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.				
Send Correspondence to: Akerman Senterfitt 222 Lakeview Avenue, Suite 400 West Palm Beach, FL 33401-6183		Direct Telephone Calls to: Dr. Nicholas A. Zacharades, Ph.D. (561) 653-5000		
201	FULL NAME OF INVENTOR	FAMILY NAME SHAW	FIRST GIVEN NAME GERRY	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP BRITISH	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 8401 S.W. 111 th AVENUE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA	
202	FULL NAME OF INVENTOR	FAMILY NAME PIKE	FIRST GIVEN NAME BRIAN	SECOND GIVEN NAME R.
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203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY USA	

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
		
DATE 6/16/04	DATE	DATE

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
		
DATE	DATE <u>06/16/2004</u>	DATE